

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N15543**

(4)

1. Corporation Name

HORIZON VILLAGE, INC.

Principal Place of Business

Mailing Address

**9200 LITTELTON RD
LOT #505
NORTH FORT MYERS FL 33903
US**

**137 LAKESIDE CIR
N FORT MYERS FL 33903
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**BURANDT, ROBERT
1714 CAPE CORAL PKWY
CAPE CORAL FL 33910**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

3. Date Incorporated or Qualified

06/23/1986

4. FEI Number

59-2738977

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **SMITH, FRANK**
STREET ADDRESS **137 LAKESIDE CIR**
CITY-ST-ZIP **N FT MYERS FL**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **DETWEILER, BILL**
STREET ADDRESS **512 HORIZON DRIVE**
CITY-ST-ZIP **NO FORT MYERS FL**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **TD** ☒ DELETE
NAME **STOLT, JEFF**
STREET ADDRESS **457 RAINBOW DR**
CITY-ST-ZIP **N FT MYERS FL**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **SHAW, FRANK**
STREET ADDRESS **505 MISTY LANE**
CITY-ST-ZIP **N FT MYERS FL**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **DS** ☒ DELETE
NAME **GAY, BILL**
STREET ADDRESS **515 HORIZON DR**
CITY-ST-ZIP **N FT MYERS FL**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **VD** ☐ DELETE
NAME **MURPHY, JACK**
STREET ADDRESS **221 RAINBOW DRIVE**
CITY-ST-ZIP **NO FORT MYERS FL**

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

TD ☐ Change ☒ Addition
Gilson, Don
528 Sunshine Ave.
N. Ft. Myers, FL
D. Bickowski, Ray
311 Dawn Drive
N. Ft. Myers, FL ☐ Change ☒ Addition

DS ☐ Change ☒ Addition
Winter, Edith
554 Sunrise Ave.
N. Ft. Myers, FL ☐ Change ☒ Addition

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Edith Winter

2/3/98

(900) 999-7863

CR2E037 (10/97)